PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 120137.460	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 09/965,121				Filed September 27, 2001	
For D Plans	Dynamically Determining Actual Delivery Infor	rmation For Orders	s Based on	Actual Order F	ulfillment
Art Unit 3629				Examiner Jamisue Plucinski	
	is is a request under the provisions of 37 CF oly in the above identified application.	R 1.136(a) to exte	nd the perio	od for filing a	
The requested extension and fee are as follows (check time period desired and enter the approfee below):					
	,	<u>Fee</u>	Small En	ntity Fee	
[One month (37 CFR 1.17(a)(1))	\$130	\$6	5 \$ <u>13</u>	30
[Two months (37 CFR 1.17(a)(2))	\$490	\$24	45 \$	
[Three months (37 CFR 1.17(a)(3))	\$1110	\$55	55 \$_	
[Four months (37 CFR 1.17(a)(4))	\$1730	\$86	65 \$	
[Five months (37 CFR 1.17(a)(5))	\$2350	\$11	75 \$	
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
Ō	The Director has already been authorized to charge fees in this				
_	application to a Deposit Account.				
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,				
	to Deposit Account Number 19-1090.				
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the ☐ applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
	■ X attorney or agent of record. Registration No. 43,985				
	attorney or agent under 37 CFR 1.34.				
	Registration number if acting under 37 CFR 1.34				
	/James A. D. White/		(October 14, 20	08
	Signature			Date	
	James A. D. White		20	06-622-4900	
	Typed or printed name		Teleph	one Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Subnit multiple forms if more than one signature is required. SENDTO Commisconer for Patients, P. Box 1459, Alcandiff, V323131446. 1256853_1.DOC